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The coronavirus (COVID-19) pandemic presents a tremendous risk to the world's health, and has raised questions about the future of global health. A major concern is the spread of the virus in low- and middle-income countries, which have weaker health-care infrastructures, and are more heavily affected by the economic downturn resulting from the pandemic. In particular, government spending in these regions is likely to be substantially reduced, and data from the World Bank indicate that during the global economic downturn, there has been a massive decline in external aid to health care. [1] The burden of disease in low- and middle-income countries is large, and the financial instability that surrounds the global pandemic is likely to have a substantial impact. However, relatively little work has considered the implications of the pandemic for global health equity. This might be expected: equity is embedded in global health in the sense that the composition of the global health system is determined by the patterns of flow of resources through the system from the developed to the developing world, and from wealthier to poorer individuals within the developing world. Thus, when the global health system is threatened by the economic impact of the pandemic, this risk is likely to fall more heavily on those most in need in poor countries. At the same time, the pandemic is likely to mean that the wide-reaching and sustained impact of many global health initiatives is put into question. The global case for reducing inequalities through global health initiatives, including maternal health, child survival, and HIV/AIDS, is relatively strong, and the scale of the current pandemic might bring this case into doubt. However, the pandemic might also mean that the more intractable problem of global health inequalities is unlikely to be resolved in the immediate term. This risk is particularly acute in the area of new infections. On the one hand, it might be anticipated that the pandemic will exacerbate inequalities in the spread of the virus. Lower-income regions, where the burden of disease is particularly heavy, are likely to be significantly affected by the economic downturn, and this in turn may mean less funding for education and public health, and more household stress. On the other hand, given that many of the factors that determine the risk of new infections are occurring in a global context, the pandemic might not have as big an impact on inequalities as they might have had individually in low-income countries. For example, while the highest concentrations of poverty in low- and middle-income countries are to be found in rural areas, the denser urban centres are often poor. And some of the reasons for the disproportionately high rate of new infections among men in Africa are related to sex-roles and gender inequalities, as well as factors such as high rates of violence in some settings. Indeed, because the pandemic has raised questions about the effectiveness of public health measures in some low-income countries, it may be that the inequalities in the pandemic that result are in fact reduced. In the longer term, the pandemic might produce inequalities that are so great that they cannot be reduced through global health actions, such as reduction of child and maternal mortality or the health-care response to HIV/AIDS.



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